

VINELAND RECREATION COMMISSION PROGRAM REGISTRATION FORM:

In consideration of the benefits to me/my child in the use and utilization of fields of the City of Vineland or facilities provided by the City of Vineland Recreation Commission and the acceptance of the application to participate in the above activity, related events and activities, the undersigned acknowledges, appreciates and agrees that:

The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist, and;

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF ALL RELEASEES or others, and assume full responsibility for my participation and ;

I knowingly and freely assume all risks and hazards incidental to the conduct of the activities, as well as transportation to and from the activities, and;

I willingly agree to comply with the stated customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately, and;

I warrant that participant is in good health and has no physical condition that would prevent participant from participating in the event, and ;

I for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE CITY OF VINELAND, CITY OF VINELAND RECREATION COMMISSION, their officers, officials, agents and /or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, (owners and lessors of premises used to conduct the event ("Release's")) WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR loss or damage to person or property. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASE'S OR OTHERWISE.

This is to certify that I, as parent/guardian with legal responsibility for this participant do consent and agree to his/her release as provided above all of the Release's and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Release's from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Participant Name _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

School Participant Attends: _____

Phone: _____

Email: _____

Date: _____

Parent/Guardian 1	Print Clearly
First Name	
Last Name	
Address	
City	
State	
Zip	
Home Phone	
Work Phone	
Mobile Phone	
Email	
Relationship to Player	
Would you be willing to volunteer?	

Parent/Guardian 2	Print Clearly
First Name	
Last Name	
Address	
City	
State	
Zip	
Home Phone	
Work Phone	
Mobile Phone	
Email	
Relationship to Player	
Would you be willing to volunteer?	

Player Information	Print Clearly
First Name	
Last Name	
Address	
City	
State	
Zip	
Home Phone	
Mobile Phone	
Email	
Gender	
Birthdate	
Birth place/country	
Emergency Contact First Name	
Emergency Contact Last Name	
Emergency Contact Primary Phone	
Has participant ever been rendered unconscious or suffered a concussion	
If yes, how many times?	
If yes, when?	
Has participant ever suffered a back injury?	
If yes when?	
Allergies	
Doctor Name	
Doctor Phone	
Insurance Provider	
Insurance Phone	
Policy Holder	
Insurance ID	